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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

<i>y</i>	1	CLAIMS AS FILED - PART I															
				(Column 1)		(Column 2)		SMALL EN TYPE)	OR	SI	R THAN ENTIT				
U.S. NATIONAL STAGE FEES		1				٦Г	RATE	FE	F	1							
	BASIC FEE			SM	NLL ENT. = \$ 150	LARGE ENT	= \$ 300	H BAS	SIC FEE	1		OR	 	ATE	FE		
	EXAMINATION FEE				s PCT Article 33(1 = \$50/\$100	1		H EXA	M FEE	 	\dashv	H	BASIC F		30		
	SEARCH FEE				US is I	SA = \$50/\$100 ther countries : 200/\$400	\$ 100 / \$ All other situa \$ 250 / \$	tions =	1	RCHFEE		\dashv	ŀ	EXAM, F.		200	
FEE FOR EXTRA SPEC. PGS.					minus 100 =	/ 50 =			125 ≈		\dashv	-			70		
	TOTAL CHARGEABLE CLAIMS				2	Jminus 20 =	. 7	· · ·	l	25 =		+	_ -	X \$ 25			
- -	INDEPENDENT CLAIMS					minus 3 =		\dashv		100 =		\dashv	.	X \$ 50		350	
M	IULTIPLE C	DEPE	NDENT CLA	IM PRE	SENT	1		\dashv	<i> </i>	180 =		01	-	\$ 200	-		
F	If the diffe	erenc	e in columr	1 is le	ss than z	than zero, enter "t)" in column			L			OF	<u></u>	\$ 360	=		
* If the difference in column 1 is less than zero, enter "0" in column 2									ro	AL L		OR	! 1	TOTAL	1/0	250	
l			CLAIMS	AS AI	MENDE	ED - PART I	1							OTHE	R TU	1	
	7		(Column			(Column	, , , , , , , , , , , , , , , , , , , ,	3)	SMA	LL ENT	TY	OR		MALL			
AMENDMENT A			REMAINING AFTER AMENDMENT			HIGHES NUMBER PREVIOUSI PAID FOR	PRESENT EXTRA		RATE TH		DDI- ONAL EEE		R	ATE	TIC	DDI-	
	Total	\perp		Min	us	7	=	71	X \$ 25			or F	X S	50 =	 	EE	
AME	Independe	nt /		Minu	ıs	1	=	1 I	X \$ 100	-	\dashv	-	X \$ 2			\dashv	
$oldsymbol{ol}}}}}}}}}}}}}}}$	FIRST PRESENTATION OF MULTIPI			PLE DEP	ENDENT CLAIN	1	1 t	+ \$ 180	- -	\dashv	-	+ \$ 36			\dashv		
			· ·					ı Ļ	OTAL ADD	_ 1	$-\int_{0}^{0}$	Ļ	OTAL A			\dashv	
									FEE			`	FEE	L		\dashv	
T		\overline{T}	(Column 1) CLAIMS			(Column 2)	(Column 3)			· · · · · · · · · · · · · · · · · · ·						-	
L		1	REMAINING AFTER MENOMENT			NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONA FEE			RATE		ADDI- TIONAL FEE	•	
To	tal 	<u> -</u>		Minus	*	•	= 7	X	\$ 25 =		OR	X \$ 50				1	
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FI	RST PRES	ENTA	TION OF MU	JLTIPLE	DEPEND	DENT CLAIM		+\$	180 =		OR		360 =			1	
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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE Is less than '20', enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

[&]quot;If the "Highest Number Previously Pald For" IN THIS SPACE is less than 3', enter "3".